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	N FOR UTILITY OR	Attorney Docket Nu	T		ORS 3.0-001		ttor names		
	ESIGN	First Named Invento	Hartej P. Singh						
	APPLICATION	COMPLETE IF KNOWN							
(37 (CFR 1.63)	Application Number	Not Ye	Yet Assigned					
X Declaration Submitted	i iiiig (surcharge	Filing Date Herewith							
with Initial OR		Group Art Unit							
Filing	(37 CFR 1.16 (e)) required)	Examiner Name	Not Ye	Yet Assigned					
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: PROACTIVE EMERGENCY RESPONSE SYSTEM (Title of the Invention)									
the specification of which X is attached hereto									
Application No. and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)–(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application	Country	Foreign Filing Date	Prior		Certified C	opy Attac	hed?		
Number(s)	Country	(MM/DD/YYYY)	Not Cla	imed	YES		10		
Additional foreign	annication numbers are listed a	an a armalamantal missik		4 DT	0/00/000 -44-				

Inventor's Signature

Mailing Address:

City

Residence: City

North Caldwell

North Caldwell

19 Amelia Street

X Additional inventors are being named on the

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	DECLARATIO					*			
POWER OF A	ATTORNEY: As a named invent usiness in the Patent and Tradem	or, I hereby appoint ark Office connect	t the follow ted therewi	ing re	egistered practition ustomer Number 0	er(s) to pro 100530	secute this application and to		
Direct all corre		omer Number ar Code Label				OR Correspondence address below			
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Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on informat belief are believed to be true; and further that these statements were made with the knowledge that willful false statement the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements.					ements made on information a	nd d			
may jeopard	lize the validity of the applica	ition or any pate	nt issued	there	eon.	n and tha	t such willful false statements		
NAME OF SOLE OR FIRST INVENTOR:			A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Hartej P.	Hartej P.			Singh			
Inventor's Signature					Date				
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Mailing Address:	616 Turlington Ct.								
City	NJ State	07039 ZIP		039	U.S.A.				
NAME OF SECOND INVENTOR:				A petition has been filed for this unsigned inventor					
Given Name (first and mid	Given Name (first and middle [if any])		Manu		Family Name or Surname	Jetley			

U.S.A.

07006

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supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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						DDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1		
Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor				has been filed for this unsigned inventor
Inventor's	(first and middle [if any]) VINCENT Inventor's				ily Name Tortoriello			
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Inventor's Signature					Date			
Residence: City		State		Country			Citizenship	
Mailing Address:								
City	State ZIP			Country				
Name of Additional Joint Inventor,		r, if any:					A petition I	has been filed for this unsigned inventor
Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Signature				Date				
Residence: City State		State	Country			Citizenship		
Mailing Address:								
City		State		ZIP		Country		Country
Name of Additional Joint Inventor, if any:							A petition I	nas been filed for this unsigned inventor

Family Name or Surname

Country

ZIP

Date

Citizenship

Country

Inventor's Signature

Mailing Address:

City

Residence: City

Given Name (first and middle [if any])

State

State